

PSYCHIATRIC VOCATIONAL REHABILITATION SERIES

Center for Psychiatric Rehabilitation  
Sargent College of Health and Rehabilitation Sciences  
Boston University

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# CAREER

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# PLANNING

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# CURRICULUM

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for People with Psychiatric Disabilities

Karen Danley  
Dori Hutchinson  
Maria Restrepo-Toro

I N S T R U C T O R ' S   G U I D E

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Center for Psychiatric Rehabilitation  
Sargent College of Health and Rehabilitation Sciences  
Boston University  
930 Commonwealth Avenue

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## PREFACE

People with psychiatric disabilities want to have and can have rewarding careers. However, their career development is frequently interrupted and disrupted by episodic illness. For many, attempts to work and to prepare for preferred work through training and education are associated with failure and emotional pain. Professionals who attempt to help people with psychiatric disabilities to set and attain vocational goals often lack the knowledge and skills required to implement the comprehensive experiential and instructional interventions that are needed. Many of these professionals come from clinical disciplines and have little or no knowledge of vocational development and rehabilitation processes. They therefore tend to interpret work as a therapeutic intervention rather than a desirable outcome. Other professionals are members of vocational rehabilitation disciplines and have limited experience with and knowledge of the unique clinical and vocational issues and needs of people who have psychiatric disabilities.

*Career Planning Curriculum* is a comprehensive instructional guide for helping people with psychiatric disabilities to specify and to plan for attainment of vocational goals that reflect both reality and hope. The reality comes from the guided exploration and definition of individual strengths and limitations. The hope emerges from an explicit career development technology, which enables the concrete identification of the skills, supports, and experiences that the individual must have to mobilize strengths and overcome limitations if a vocational goal is to be actualized. The content of *Career Planning Curriculum* is derived from the Choose-Get-Keep approach to psychiatric vocational rehabilitation developed at the Boston University Center for Psychiatric Rehabilitation. It is the result of many years of experience and feedback from participants and practitioners at the Center's Career Education Program and Career Achievement Services. The Career Education Program was initiated in 1984 and consists of both classroom instruction and intensive peer and professional support. During the last twelve years, the program has served over 250 individuals with psychiatric disabilities. In addition, the earlier versions of the curriculum have been used in a wide range of clinical and educational settings. While the curriculum is detailed and comprehensive, this guide is not meant to be used as a script. Rather, we encourage skilled psychiatric rehabilitation practitioners to modify to the curriculum to meet the unique needs of individuals they serve.

## INTRODUCTION TO THE CURRICULUM

### Choose-Get-Keep Approach

Boston University's Center for Psychiatric Rehabilitation has developed and evaluated the Choose-Get-Keep approach to psychiatric vocational rehabilitation, which integrates effective practices of vocational rehabilitation with tested psychiatric rehabilitation principles (Anthony, Cohen, & Farkas, 1990).

#### Basic Principles of Psychiatric Rehabilitation

1. The primary focus of psychiatric rehabilitation is on improving the competencies of persons with psychiatric disabilities.
2. The benefits of psychiatric rehabilitation for clients are behavioral improvements in their environments of need.
3. Psychiatric rehabilitation is eclectic in its use of a variety of techniques.
4. A central focus of psychiatric rehabilitation is on improving vocational outcome for persons with psychiatric disabilities.
5. Hope is an essential ingredient of the rehabilitation process.
6. The deliberate increase in client dependency can lead to an eventual increase in clients' independent functioning.
7. Active involvement of clients in their rehabilitation process is desirable.
8. The two fundamental interventions of psychiatric rehabilitation are the development of client skills and the development of environmental supports.
9. Long-term drug treatment is often a necessary but rarely sufficient component of a rehabilitation intervention. (Anthony et al., 1990)

The Choose-Get-Keep approach builds on a sound base of psychiatric rehabilitation research concerning variables that contribute to lasting vocational rehabilitation outcomes for people who have psychiatric disabilities (Anthony & Jansen, 1984; Bond & M. McDonel, 1991; Cook & Razzano, 1995, Danley & Ellison, 1996). The Choose-Get-Keep approach reflects the principles and practices of psychiatric rehabilitation. It has been derived from twenty years of research, service demonstration, and technology development activities (Anthony, Cohen, & Farkas, 1990). As applied to career planning, the mission of the Choose-Get-Keep approach is to help people with psychiatric disabilities to develop the skills, supports, and experiences they need to gain satisfying and successful employment in an occupation of choice.

The key concepts in this mission statement that require further definition and discussion are *skills*, *supports*, *satisfaction*, *experience*, *success*, *occupation*, and *choice*. A *skill* is a behavior that the individual can use intentionally, at the right time, frequency, and intensity, to produce a desired beneficial result within a specific context or environment. *Supports* are those places, things, and activities other people are willing and able to provide so that the person with the disability can either maximize skill performance or compensate for skill deficits. *Experience* is interaction between the individual and an environment, which serves as a source of learning and feedback regarding personal values, strengths, and limitations (Danley, 1993). *Satisfaction* with services and with outcomes is fundamental. Clarity regarding sources of personal satisfaction, and the capacity to identify and elicit responses from these sources within an environment, develops and sustains the participants' motivation to remain involved in a program and/or to stay in a work situation. In addition, *success* of the individual in meeting the requirements of an environment, situation, or relationship influences the probability that the individual will be given the opportunity for continued involvement. A balance of satisfaction and success is essential to the length of job tenure (Lofquist & Dawis, 1984). The term *occupation* refers to a particular vocational role that requires specific technical knowledge and skills. *Choice* is the ingredient of the Choose-Get-Keep approach that ensures personal involvement in program activities and ownership of program outcome. Providing both the skills and opportunity to attain choices empowers participants to be full partners in their own vocational rehabilitation process.

## The Curriculum Content

Choice is the primary focus and theme of this curriculum. Choosing a vocational path is often a difficult and painful experience for people who have psychiatric disabilities. However, if people are to assume ownership of and responsibility for a career goal, they must have the opportunity and ability to select work and educational opportunities that are compatible with their interests, personal values, career aspirations, abilities, credentials, and previous experience.

People with psychiatric disabilities often have a wide range of previous work experience, education, training, and vocational aspirations (Anthony & Blanch, 1987). Thus, the major activities of this curriculum explore and review with participants these crucial elements. The curriculum is organized in three units: *Profiling Vocational Potential*, *Exploring Vocational Options*, and *Career Achievement Planning*. *Profiling vocational potential* involves participants outlining important personal characteristics that will influence their vocational choices. *Exploring vocational options* involves participants gathering relevant information about their

vocational choices through library research, informational interviews, and job-shadowing. *Career achievement planning* involves participants identifying and scheduling the unique series of school and work experiences that will help them acquire the commitment, competence, and credentials required to reach their chosen vocational goals.

## The Instructional Process

### Teaching Tip!

*Career Planning Curriculum* is best delivered when practitioners use the Direct Skills Teaching (DST) approach (Cohen, Danley & Nemec, 1985).

*Career Planning Curriculum* is best delivered when practitioners use the Direct Skills Teaching (DST) approach (Cohen, Danley & Nemec, 1985). Key to the approach is the recognition that skill development requires observation and critiquing of student performance and practice, both in the classroom and in applied situations that are relevant to the individuals personal circumstances. The ultimate goal of the DST approach is that learners internalize the discriminations necessary to critique and improve their own skill performance. Orienting participants to the DST approach will provide them with a framework for anticipating the nature of the learning experiences they will engage in during their participation.

## Staffing Considerations

The staff/participant relationship is the primary foundation of successful delivery of this curriculum. While specific credentials are not critical, the instructors' capacity to build and sustain strong alliances with both groups and individuals is critical. Therefore, excellent interpersonal skills and the ability to apply these skills in interactions with people who have a wide range and variety of psychiatric disabilities, are both essential to providing quality services. Our experience has shown that the skills of active listening greatly enhance student participation, while the skills of giving feedback sensitively and concretely promote participant progress. The skill of self disclosing personal vocational experience illustrates career planning experiences, both negative and positive, and establishes common ground between staff members and participants. The skill of establishing and communicating boundaries defines the nature and limitations of staff/participant relationships. Teaching skills are also essential to the success of curriculum delivery. These include the ability to modify curriculum to meet individual needs and to manage group learning experiences in a classroom setting. The ability not only to present content but also to respond simultaneously to group and individual intellectual and emotional needs makes effective classroom instruction possible. The instructor's ability to listen and respond to group themes while processing individual concerns builds group cohesiveness and a sense of community within the classroom, creating an environment of emotional safety for participants to take risks and make life changes.

### Teaching Tip!

The instructors' capacity to build and sustain strong alliances with both groups and individuals is critical.

Excellent interpersonal skills and the ability to apply these skills in interactions with people who have a wide range and variety of psychiatric disabilities, are both essential to providing quality services.



Implementation of the curriculum requires staff members to be responsive and flexible. Participant support and skill needs will vary widely, both in and out of the classroom; thus, the demands on the staff will also fluctuate. Classroom performance is enhanced by one-to-one coaching sessions. Staff members need to meet regularly with individual participants to identify unique learning needs that cannot be met within the classroom framework. These meetings strengthen the rehabilitation alliance and promote the capacity of the participants to engage fully in learning. Where these meetings occur is not as important as how and why they occur. Individual meetings have occurred in offices, over coffee, or during a walk. Other useful extracurricular activities include wake up calls, pre-class connections, shared coffee breaks, and class social activities (e.g. movies and coffee dates).

### Teaching Tip!

A staff/participant ratio of 1:6 is recommended to allow the instructor to assume the multiple roles of teacher, supportive counselor, coach, and advocate that are needed to promote and sustain program participation and progress.

A staff/participant ratio of 1:6 is recommended to allow the instructor to assume the multiple roles of teacher, supportive counselor, coach, and advocate that are needed to promote and sustain program participation and progress. The pairing of a head instructor and an assistant is often a successful combination for a group as it allows one person to teach and one person to attend to emotional and educational support needs on a one-to-one basis. Having assistants in the class as supports for the instructor is helpful in addressing the wide variety of learning needs that are often observed in one group. Note taking, assisting with assignments, accompanying participants who leave the class, asking facilitative questions, and self disclosing are examples of skills and activities that teaching assistants may assume in the classroom. Programs have successfully used both practitioners and consumers successfully in this role. Using visual aids such as a blackboard, flip chart, or overhead transparencies is extremely helpful in maintaining participation and progress in the curriculum.

### Preferred Settings

Programs that use *Career Planning Curriculum* may operate in a variety of program environments. The curriculum has been used successfully for group and individual instruction in many different settings including rehabilitation facilities, psychiatric hospitals, community mental health centers, community colleges, and a four-year university. However, when given the option, participants have expressed a strong preference for an educational setting rather than a treatment setting, as it is normalizing and relatively stigma-free. Educational settings also provide important sources of social learning, which enhance positive changes in self-esteem, role identity, and vocational maturity.

## The Culture

The instructor's confidence and capacity to communicate the belief that recovery is possible for all people with psychiatric disabilities is basic to successful implementation of this curriculum. Faith in recovery does not require denial of disability. (Anthony, 1993; Spaniol, Koehler, & Hutchinson, 1994). Rather, the construct of recovery places the illness in perspective, acknowledging it as a reality, but not as the core of one's being. In short, it is the difference between organizing one's life around illness and managing one's illness in relation to one's life. For many people with psychiatric disabilities, the possibility of recovery is a revelation. They have centered their lives around illness and treatment until their diagnoses have become their "occupations." The prospect of an alternative view is both exhilarating and terrifying. However, without belief in the possibility of recovery, the prospect of vocational achievement is meaningless.

Belief in recovery, made concrete through the supports offered and skills modeled by staff members is often the catalyst that stimulates renewed hope, energy, and positive behavioral change. In our experience, many people with psychiatric disabilities have a defeated sense of purpose and feel reluctant to share their dreams or articulate their strengths. They have become their diagnoses, rather than experiencing themselves as people who, although they have a disability, also have potential. It is important to reinforce the right to express personal values and dreams. It is also critical that they become capable of defining and describing their strengths. Usually, they can all too readily identify their deficits.

### Teaching Tip!

The instructor's confidence and capacity to communicate the belief that recovery is possible for all people with psychiatric disabilities is basic to successful implementation of this curriculum.

Encouragement to move slowly, to make small, incremental changes, and to increase supports when needed empowers students to make personal vocational choices, while assuming responsibility for managing the impact of their illness in their lives.

## Clinical Concerns

Growth, by definition, is destabilizing. With a growing awareness of self-directed choices comes the prospect of responsibility for resulting consequences. Completion of the exercises in this curriculum encourages people to take a monumental risk, to let go of an illness-centered identity, and to assume a new identity based in health and possibility. The fear that this new person may not appear or, having once appeared, be sustained, can be paralyzing for participants. Behavioral indicators of this fear may include increased absences, distracting or disruptive classroom behavior, or a recurrence or intensification of symptoms, which, if severe enough, may require hospitalization. When this happens for each individual is less predictable than that it will happen, and probably more than once. Experience has demonstrated that honest, empathetic discussions in groups and individually, about the validity of the emotional experience of growth and the probability that recovery does not necessarily mean cure help participants to move through and beyond destabilizing realizations. Encouragement to move slowly, to make small, incremental changes, and to increase supports when needed empowers students to make personal voca-

tional choices, while assuming responsibility for managing the impact of their illness in their lives.

People differ in their readiness for change, even though they may all articulate the same desire for career planning assistance. Instructors must be vigilant and clinically attuned to the possibility of psychiatric disruptions. It is important that participants know that their instructors have the skill to help them surmount these crises and the confidence that the crisis will end and the participant can return to the business of vocational growth.

## Overview of the Curriculum Guide

### Teaching Tip!

The references that are referred to throughout the teaching curriculum are in a separate reference handbook.

The instructor and each participant will need a copy of the reference handbook. Participants should have blank paper or notebooks as well.

## How the Guide is Organized

There are three units of instruction in the curriculum guide. At the beginning of each unit, preceding the actual teaching curriculum, there is an instructor's orientation with some key points and suggestions for the instructor for implementing the instructional activities. Of particular importance are some points concerning the possible clinical impact of the content of each unit and hints for constructive group and individual responses on the part of the instructor. The references that are referred to throughout the teaching curriculum are in a separate reference handbook. The instructor and each participant will need a copy of the reference handbook. Participants should have blank paper or notebooks as well.

## Guide Format

Directions to the instructor are written as "command words" to suggest the type of teaching activity needed. There are two types of directions. One type can be read verbatim (or paraphrased) directly to participants. These include directions beginning with **Make the Point**, **Ask**, and **Tell**. Below are examples of the different command words used and the type of activity that is being suggested by each particular command word:

- **Make the Point:** Indicates important lecture points that can be read verbatim or paraphrased to the participants about the content of the lesson.
- **Tell:** Indicates information that can be read verbatim or paraphrased to the participants about what will happen during the lesson.
- **Ask:** Indicates a question to be asked verbatim or paraphrased.

The second type of command is a direction to the trainer. These commands and the directions appear in italic type and begin with the command words *Direct*, *Show*, and *Discuss*. Below are the examples of the different command words used and the type of activity that is being suggested by each particular command word:

- *Direct*: Indicates when participants are to refer to or complete a reference in the reference handbook. Occasionally this command is also used to direct the participants in other assignments or exercises.
- *Show*: Indicates that instructor should visually demonstrate a point by showing a reference, writing on the board, showing a supplemental source, or role playing a situation.
- *Discuss*: Offers general guidelines for class discussion.

### General Recommendations for Using the Guide

- Ideally, the curriculum should be delivered in the order it is written, although this is not crucial.
- During the second unit, it is necessary to use several excellent reference books in addition to the workbook. These include the *Dictionary of Occupational Titles*, *The Complete Guide to Occupational Exploration*, *The Classification of Jobs*, and the *Occupational Outlook Handbook*. A complete description of these reference books and their sources appears in the appendix (page 140).
- As constructed, the lesson plans are designed for a 2½ hour class that meets three days a week. Modification will be necessary for delivery in classes that meet more or less frequently, or for longer or shorter time periods.
- Students respond well to the use of audiovisual aids such as overhead transparencies, audio and video tapes, slides, and flip charts. While these are not included with this curriculum, instructors are encouraged to make their own, using material that has personal relevance to their own students.
- It is recommended that students be encouraged to bring a separate lined notebook for taking notes.
- There are a few references that participants are asked to refer to often as examples or exercises: **REFERENCE 4—EXAMPLE: WORKER TRAIT PROFILE** and **REFERENCE 4A—EXERCISE: WORKER TRAIT PROFILE** (pages 4–9) and **REFERENCE 35—EXAMPLE: CAREER PLAN** and **REFERENCE 35A—EXERCISE: CAREER PLAN** (pages 76–77). It is helpful to make photocopies of these references prior to the training so that the references are easily accessible for the participants' use.
- This curriculum is designed to meet the needs of people with psychiatric disabilities who want to establish a long range vocational goal and develop a plan to achieve it. It is not for those who are already certain of a goal and are ready for training or employment. Nor is it the correct intervention for those who want immediate employment and are not greatly concerned with developing specific occupational competence.

### Teaching Tip!

Completing the curriculum places participants at the beginning, not the end of their vocational journey. Most participants will want and need continued vocational support services as they attempt to implement their career plans by choosing, getting, keeping, and leaving the many educational training and work environments that lead them to the achievement of their vocational goals.

- There are many excellent career materials, both written and computerized, which can augment the classroom instructional experience. However, they should not be used to replace tools that have been designed to connect the participants' internal experience. While the information produced by using these tools is helpful, it frequently curtails the vocational discovery process. Although vocational discovery takes longer than simply using checklists and computer programs, it is this process which promotes internal change and permits participants to learn the skills necessary for future exploration and vocational development.
- Completing the curriculum places participants at the beginning, not the end of their vocational journey. Most participants will want and need continued vocational support services as they attempt to implement their career plans by choosing, getting, keeping, and leaving the many educational training and work environments that lead them to the achievement of their vocational goals.

Unit  
**1****PROFILING  
VOCATIONAL  
POTENTIAL****INSTRUCTOR'S ORIENTATION**

*Profiling Vocational Potential* is focused on the individual and his or her values, abilities, aptitudes, and strengths. It is an opportunity for the individual to develop a self-portrayal that is vocationally oriented. Many of the exercises ask the participants to draw upon their life experiences for validation of the ratings they give themselves. It is often an exciting phase of the curriculum as people realize they do have strengths and the potential to lead rewarding and satisfying work lives.

**The Goal**

The goal of this unit of the curriculum is for participants to develop a clear image of their occupational values, strengths, aptitudes, and abilities.

**The Product**

When participants have completed this unit, they will have a personal vocational profile, called a worker trait profile, that will contain: 1) a defined, prioritized list of their occupational values; 2) a rated and validated list of their vocational abilities and aptitudes; and 3) a summary page highlighting their vocational strengths and deficits. (**REFERENCE 4—EXAMPLE: WORKER TRAIT PROFILE**, an example of a completed worker trait profile, is presented on pages 4–6 of the *Career Planning Curriculum Reference Handbook*.)

**Teaching Tip!**

It is important to note that in this unit, several different scales are used from standard vocational manuals. Some scales are oriented such that the lowest number, i. e., 0 or 1, represents the highest rating and other scales have the lowest number as the lowest rating.

It is important to note that in this unit, several different scales are used from standard vocational manuals. Some scales are oriented such that the lowest number, i. e., 0 or 1, represents the highest rating and other scales have the lowest number as the lowest rating. As this can be confusing, it is helpful to orient the participants to each scale.

**Classroom Management Strategies**

A major priority during this period of instruction is the development of strong, trusting staff/participant relationships while engaging individuals fully in the career planning process. Consistent and aggressive emotional outreach to participants is critical as strong relationships established at this point will support people through the more difficult phases of the program. Participants often enter the program with low self-esteem, low energy, and a sense of hopelessness. It is important to create a positive environment where the energy level is high, where people's thoughts and feelings are vali-

**Teaching Tip!**

It is important to create a positive environment where the energy level is high, where people's thoughts and feelings are validated and where opportunities are provided to enhance their self-esteem.

dated and where opportunities are provided to enhance their self-esteem. This task falls upon the staff members who need to be responsive, energetic, positive, and optimistic about people's recovery and potential to work in an occupation of choice. It is helpful to define clearly student role expectations for the participants. Appropriate performance of this role enhances self-esteem and facilitates positive behavior change.

The content of this unit methodically brings participants through an examination of their vocational abilities and aptitudes as a way of developing a personal tool for narrowing down the many different career opportunities to those that are a best fit. Contradictory to what many people believe, our experience has shown that people with psychiatric disabilities are capable of accurately rating themselves on standard vocational criteria, if they are given clear definitions and instruction. In fact, many participants tend to underrate their abilities. It is extremely helpful for staff members to discuss the experience and content of the evaluation process with participants. It is important for staff members to both validate the participants' perspective and to share their own, as this comparison helps create a generalized confidence about the ratings. It is useful to encourage people to bring in personal credentials and records to validate their ratings. Revisiting accomplishments strengthens vocational identity. It may also be necessary to request information from other knowledgeable people of the participants' choosing.

In this particular unit, participants are required to flip back and forth to view examples, complete exercises, and transfer information. It is helpful to make photocopies of **REFERENCE 4—EXAMPLE: WORKER TRAIT PROFILE** and **REFERENCE 4A—EXERCISE: WORKER TRAIT PROFILE** prior to the training so that the references are easily accessible for the participants' use throughout the training.





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### Overview

**Tell:** I will begin this course by spending some time learning about who you are, where you're from, what you've been doing in the recent past, and your reasons for wanting to be involved in this program.

**Discuss:** *Students' expectations and experiences.*

*Class time, location, breaks, length of course, holidays, smoking areas, bathrooms, food and coffee, etc.*

*Program expectations with students, including:*

- *Punctuality—arriving on time.*
- *Preparedness—bringing needed materials.*
- *Participation—asking questions, sharing ideas, etc.*
- *Presentation—wearing clothing appropriate for environment, clean, and substance free.*
- *Politeness—listening to others, speaking in turn, etc.*

**Ask:** Are there any questions or concerns?

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### Introduction to Psychiatric Vocational Rehabilitation

**Tell:** I would like to begin by providing you with an overview of the psychiatric vocational rehabilitation approach that is used in this program.

**Ask:** What is your understanding of, and previous experiences with, vocational rehabilitation?

What are your past experiences with other rehabilitation programs?



**Make the Point:** *Psychiatric vocational rehabilitation* is a helping model that works with people who have been challenged by psychiatric disabilities. The goal of psychiatric vocational rehabilitation is to help people choose, get, and keep satisfying employment in a chosen career.

Psychiatric vocational rehabilitation helps people develop specific skills, supports, and credentials that are needed in a chosen career.

**Discuss:** *Students' understanding of skills, supports, and credentials as they relate to work or school.*

**Make the Point:** A skill is a behavior that you learn how to do. There are physical skills (i.e., driving a car, skiing), intellectual skills (i.e., balancing your checkbook, reading), and emotional skills (i.e., expressing feelings, asking for support). Supports are defined as people, places, things, or activities that help you achieve your goals. Examples of supports include significant others, support groups (AA or other recovery groups), a gym, and money.

Examples of work skills include arriving on time, working on tasks until completed, receiving feedback from supervisor. Examples of supports at work might include coffee breaks, a job coach, a supervisor, or lunch room. Examples of work credentials might include a high school diploma, a college degree, a certificate of training, past work experience, or a positive letter of recommendation.

**Show:** **REFERENCE 1—SAMPLE SKILLS RELATED TO VOCATIONAL EFFECTIVENESS** (page 1 in reference handbook) and ask students to turn to this reference in their own handbooks.

**Discuss:** *Students' past work experiences, both positive and negative. Encourage students to try to identify any skills and supports that contributed to their success, or any lack of skills or supports that may have contributed to a negative experience.*